COMPLETE IF KNOWN PATENT APPLICATION U.S. Application No. not yet assigned □ Declaration ☐ Declaration International Application No. PCT/EP2004/014902 Submitted OR Submitted after Initial with Initial Filing (surcharge I.A. Filing Date 23 December 2004 (37 ČFR 1.492 (e)) Filina required) **Priority Date** 30 December 2003 As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COUPLING WITH DIRECT TRANSMISSION OF THE ROTATIONAL MOVEMENT OF AN ACTUATION BOLT TO A CLAMPING JAW DRIVEN IN TRANSLATION BY THE LATTER (Title of the Invention) the specification of which is attached hereto □ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Certified Copy Attached? Priority** Number(s) Country (MM/DD/YYYY) **Not Claimed YES** NO 0315578 FR \square 12/30/2003 П PCT/EP2004/014902 WO 12/23/2004 X Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

Attorney Docket Number

First Named Applicant

DECLARATION FOR UTILITY OR

DESIGN

FMCE-P143

Le Devehat

DECLARATION – Utility or Design Patent Application

As a named inventor, I hereby appoint the following registered practicioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith:								
Name		Registration Number		Name			Registration Number	
Henry C. Query, Jr. 35,650								
Direct all correspondence to: Customer Number or Bar Code Label			OR ⊠ Correspo			spondend	ce address below	
Name Henry C. Query, Jr.								
Address 504 S. Pierce Ave.								
Address								
City Wheaton			State IL	State IL ZIP		60187		
Country U.S.A.	T _e	elephone 63	630-260-8093 Fax 630-260-8076					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:								
Given Name (first and middle (if any)) Renaud Family Name or Surname Le Devehat								
Inventor's Signature Date								
Residence: City Thorigny-Sur-Oreuse State			Cour	Country FR			Citizenship FR	
Mailing Address 1, route de Vallières, Ancienne Gare, Fleurigny								
Mailing Address								
city Thorigny-Sur-Oreuse	State		ZIP 892	ZIP 89260		Country	FR	
NAME OF SECOND INVENTOR:							inventor	
Given Name (first and middle (if any))			Family Name or Surname					
Inventor's Signature								
Residence: City	State		Country			Citizenship		
Mailing Address								
Mailing Address								
City	State		ZIP			Country		
Additional inventors are being named on the Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								